

Nov 8

RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT
Clinton County Health Dept.
1234 Rossville Ave.
Frankfort, IN 46041

10 days
Release DateDate 10/28/2025
Time In 2:05 pm
Time Out

No. of Risk Factor/Intervention Violations

P

No. of Repeat Risk Factor/Intervention
Violations

Establishment <u>FRITO-LAY, INC CORE PLANT</u>	Address <u>323 S. CR 320 W</u>	City/State <u>FRANKFORT, IN</u>	Zip Code <u>46041</u>	Telephone <u>765 448-4035</u>
License/Permit #	Permit Holder <u>AVI Foodsystems</u>	Purpose of Inspection <u>ROUTINE</u>	Est. Type <u>MICRO MARKET</u>	Risk Category <u>1</u>

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A, N/O) for each numbered item
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicableMark "X" in appropriate box for COS and/or R
COS=corrected on-site during inspection R=repeal violation

Compliance Status		COS	R	Compliance Status	COS	R
Supervision						
1	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Person in charge present, demonstrates knowledge, and performs duties		17	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper disposition of returned, previously served, reconditioned & unsafe food
2	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Certified Food Protection Manager		18	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooking time & temperatures
Employee Health						
3	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Management, food employee and conditional employee: knowledge, responsibilities and reporting		19	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper reheating procedures for hot holding
4	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper use of restriction and exclusion		20	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling time and temperature
5	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Procedures for responding to vomiting and diarrheal events		21	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper hot holding temperatures
Good Hygienic Practices						
6	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper eating, tasting, drinking, or tobacco products use		22	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cold holding temperatures
7	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth		23	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper date marking and disposition
Preventing Contamination by Hands						
8	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Hands clean & properly washed		24	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Time as a Public Health Control; procedures & records
9	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		Consumer Advisory		
10	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Adequate handwashing sinks properly supplied and accessible		25	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Consumer advisory provided for raw/undercooked food
Approved Source						
11	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Food obtained from approved source		Highly Susceptible Populations		
12	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Food received at proper temperature		26	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasteurized foods used; prohibited foods not offered
13	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Food in good condition, safe, & unadulterated		27	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Food additives: approved & properly used
14	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available: molluscan shellfish identification, parasite destruction		28	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Toxic substances properly identified, stored, & used
Protection from Contamination						
15	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Food separated and protected		Conformance with Approved Procedures		
16	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Food-contact surfaces; cleaned & sanitized		29	IN OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Compliance with variance/specialized process/HACCP
GOOD RETAIL PRACTICES						
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.						
Mark "X" in box if numbered item is not in compliance		Mark "X" in appropriate box for COS and/or R		COS=corrected on-site during inspection R=repeal violation		
Compliance Status		COS	R	Compliance Status	COS	R
Safe Food and Water						
30	Pasteurized eggs used where required			Proper Use of Utensils		
31	Water & ice from approved source			43	In-use utensils: properly stored	
32	Variance obtained for specialized processing methods			44	Utensils, equipment & linens: properly stored, dried, & handled	
Food Temperature Control				45	Single-use/single-service articles: properly stored & used	
33	Proper cooling methods used; adequate equipment for temperature control			46	Gloves used properly	
34	Plant food properly cooked for hot holding			Utensils, Equipment and Vending		
35	Approved thawing methods used			47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used	
36	Thermometers provided & accurate			48	Warewashing facilities: installed, maintained, & used; test strips	
Food Identification				49	Non-food contact surfaces clean	
37	Food properly labeled; original container			Physical Facilities		
Prevention of Food Contamination						
38	Insects, rodents, & animals not present			50	Hot & cold water available; adequate pressure	
39	Contamination prevented during food preparation, storage & display			51	Plumbing installed; proper backflow devices	
40	Personal cleanliness			52	Sewage & wastewater properly disposed	
41	Wiping cloths: properly used & stored			53	Toilet facilities: properly constructed, supplied, & cleaned	
42	Washing fruits & vegetables			54	Garbage & refuse properly disposed; facilities maintained	
Person in Charge (Signature)				55	Physical facilities installed, maintained, & clean	
Inspector (Signature)				56	Adequate ventilation & lighting; designated areas used	
Follow-up: YES NO (Circle one) Follow-up Date:						

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Clinton County Health Dept.
1234 Rossville Ave.
Frankfort, IN 46041

License/Permit #

Date

10/28/2025

Establishment
FRITO-LAY, INC
CORE PLANT

Address

City/State

Zip Code

Telephone

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

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Compliance Status

COS R

Compliance Status

COS R

57 IN OUT N/A N/O Outdoor Food Operation

58

IN OUT N/A N/O Mobile Retail Food Establishment

TEMPERATURE OBSERVATIONS

Item/Location

Temp

Item/Location

Temp

Item/Location

Temp

Cooler ①

30°

Freezer

0°

Milk

38°/45°

78

Milk

32°

Refrigerator ② raw

Refrigerator ③ raw

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-25, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code.

Complete by Date:

No violations noted at time of inspect
10N. All in compliance

Person in Charge (Signature)

Date:

Inspector (Signature)

Date: 10/28/2025

Kodrey S. Wahr, ETSR

